

Department Of Public Works & Development
Division Of Building Inspection

Phone: 859-258-3770

Fax: 859-258-3780

EXISTING 1 & 2 FAMILY RESIDENTIAL BUILDING PERMIT APPLICATION

Construction Location:		Parcel ID:	Zone:
Owner:		Phone:	
Owner's Address:	City:	State:	Zip:
Contractor:		Registration #:	Phone:
Contractor's Address:	City:	State:	Zip:
Type Of Work: <input type="checkbox"/> Addition <input type="checkbox"/> Remodel <input type="checkbox"/> Accessory Structure <input type="checkbox"/> Other:		Cost \$:	

Construction Type:					<div style="display: flex; justify-content: space-between;"> <div>SITE PLAN</div> <div>Rear</div> </div> <div style="border: 1px solid black; height: 150px; margin: 10px auto; width: 150px;"></div> <div style="text-align: right; margin-top: 10px;">Front</div>																						
# of Bldgs	# of Units	# of Stories	# of Rooms	# of Baths																							
Basement:			Floodplain:		Release Date:																						
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Out <input type="checkbox"/> In																								
Permit Fees: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Building _____ sq. ft.</td> <td style="width: 10%;">\$</td> <td style="width: 50%;"></td> </tr> <tr> <td>Remodel _____ (cost)</td> <td>\$</td> <td></td> </tr> <tr> <td>Duplex Convers \$120 + .001 X Cost</td> <td>\$</td> <td></td> </tr> <tr> <td>Paving _____ sq. ft.</td> <td>\$</td> <td></td> </tr> <tr> <td>Curb Cut _____</td> <td>\$</td> <td></td> </tr> <tr> <td>Other: _____</td> <td>\$</td> <td></td> </tr> <tr> <td>Total</td> <td>\$</td> <td></td> </tr> </table>							Building _____ sq. ft.	\$		Remodel _____ (cost)	\$		Duplex Convers \$120 + .001 X Cost	\$		Paving _____ sq. ft.	\$		Curb Cut _____	\$		Other: _____	\$		Total	\$	
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Curb Cut _____	\$																										
Other: _____	\$																										
Total	\$																										
Paid by: <input type="checkbox"/> Cash <input type="checkbox"/> Check Ck. # _____																											
<input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Other/Agent																											

Permit Conditions:

<input type="checkbox"/> Must comply with the 2007 KRC and LFUCG Zoning Ordinance	<input type="checkbox"/> Call Kentucky Underground Protection Inc. two working days before you dig (1-800-752-6007).
<input type="checkbox"/> AC/DC smoke detector required on each level.	<input type="checkbox"/> Must observe all easements.
<input type="checkbox"/> Electrical work must be permitted by a licensed electric contractor or homeowner, and obtain a rough-in and final electrical inspection.	<input type="checkbox"/> No additional kitchen or unit.
<input type="checkbox"/> Must meet all deck requirements with manufactured approved metal connectors and fasteners for ACQ treated material.	<input type="checkbox"/> Per Accessory Ordinance 205-98: Accessory structure may not exceed 50% of the square footage of the house or 625 sq. ft.; whichever is greater. Also, the accessory structure may not exceed the elevation of the house or 20'-0" to mid-grade.

Approved by:	W/C Expiration Date:	Liability Expiration Date:
It is your responsibility to contact your inspector and obtain the following inspections: <input type="checkbox"/> Footing <input type="checkbox"/> Framing <input type="checkbox"/> Final	Inspector:	

The undersigned hereby certifies they are the owner/owners' agent, and/or general contractor of the above property and that they agree to the conditions of this permit and will comply with all applicable building codes and zoning ordinances.

Signature:

Date: